

# From 'women's business' to 'men's business':

Exploring connections between vasectomy acceptance and equitable gender relations in South Tarawa, Kiribati

Alexandra Hill  
Victoria University of Wellington

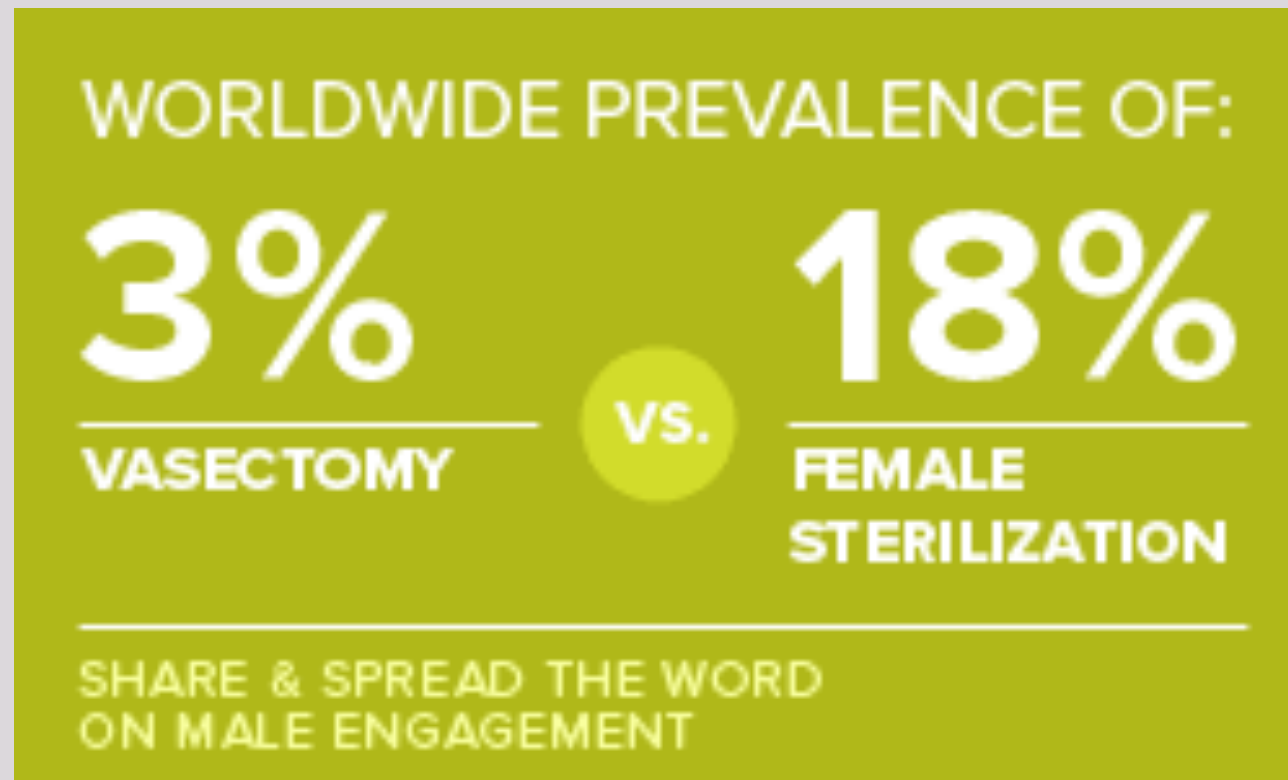
Amota Tebao  
Kiribati Family Health Association

# Kam rabwa, thank you

- I-Kiribati women and men who contributed to this research
- Kiribati Family Health Association (KFHA) staff and youth volunteers
- David Kakiakia my Research Assistant
- Family Planning New Zealand
- Ministry of Foreign Affairs and Trade (MFAT)
- A/Prof Sara Kindon, Victoria University of Wellington
- Family and friends



# Background to research



# This research aimed to

- Examine **gender normative** behaviour, attitudes and practices within the household and community in Kiribati
- Understand important **decision-making** between couples including decisions relating to their sexual and reproductive health
- Learn how **vasectomy impacts women**

# The gendered nature of family planning

- **Gender norms** have a profound impact on people's **sexual and reproductive health and rights** (SRHR) (1)
- **Inequitable gender norms** privilege men's decision-making power
- Studies from across Global South suggest that **men** primarily make **family planning decisions** (2)
- **Contraception** is '**women's business**' but women often **lack** decision-making **autonomy**(3)

A STUDY IN BRAZIL FOUND  
THAT YOUNG MEN WITH  
INEQUITABLE GENDER NORMS  
ARE LESS LIKELY TO USE  
CONTRACEPTION.

---

SHARE & SPREAD THE WORD  
ON MALE ENGAGEMENT

<https://www.k4health.org>

1) Pulerwitz & Barker, 2008; Walcott et al., 2014

2) L. MacDonald et al., 2013; Pulerwitz & Barker, 2008; Kabagenyi et al., 2014; Walcott et al., 2014.

3) Drysdale, 2015; L. MacDonald et al., 2013; Onyango et al., 2010.

# Engaging men in SRHR

- **Increasing calls to engage men** in sexual and reproductive health and rights (SRHR)
- **Engaging men** has implications for **SRHR outcomes**, **gender equality** and **sustainable development**
- **Vasectomy:**
  - **challenges gender norms** associated with contraception
  - **requires active male involvement** in family planning
  - can foster **more equitable gender relations**



<https://www.unfpa.org/engaging-men-boys>

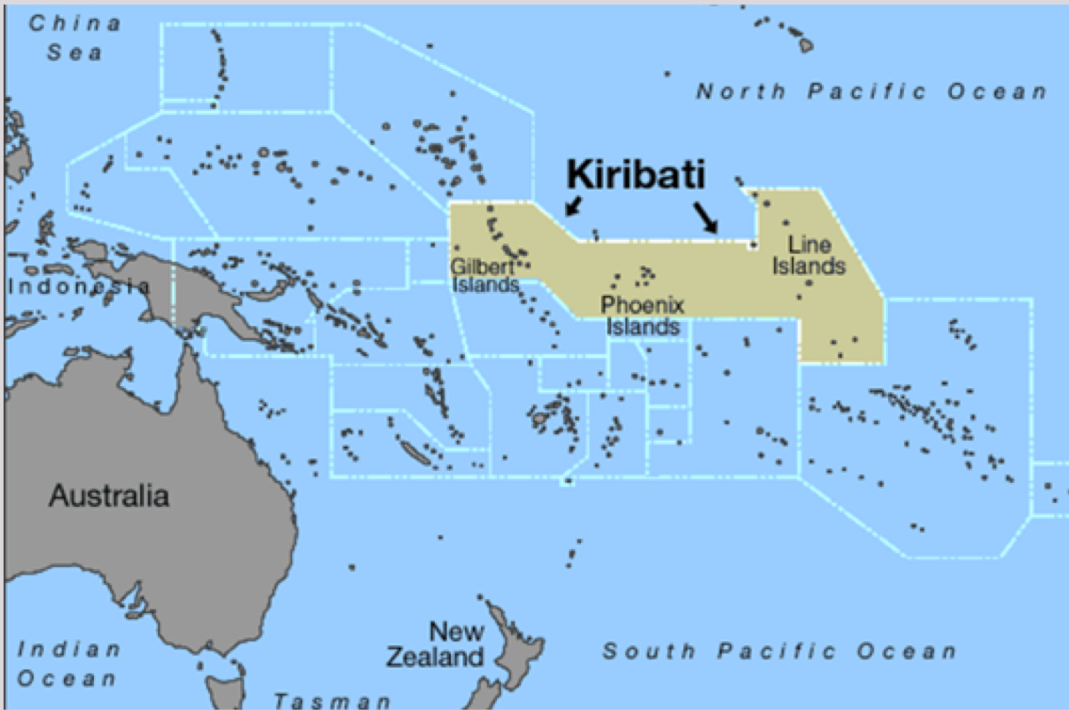
# Is vasectomy a cause or consequence of gender equitable relationships?

- Countries with **greater gender equity** and **higher socio-economic development**, also have **high rates** of **vasectomy** uptake (1)
- Better SRHR outcomes are associated with:
  - **equitable** gender relations
  - **shared decision-making**
  - and **spousal communication** (2)
- Raises question: Is vasectomy a **cause** or a **consequence** of **gender equitable relationships** or both?

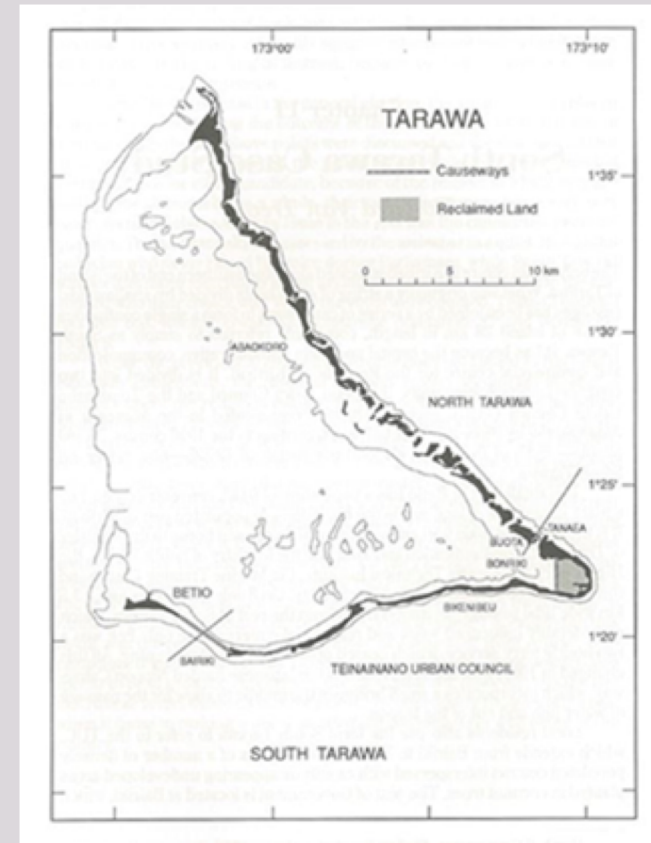
(1) Jacobstein, 2015.

(2) Kiribati National Statistics Office et al., 2010; Pulerwitz & Barker, 2008; Shattuck et al., 2014.

# Research context – South Tarawa, Kiribati



<https://sites.google.com/site/kiribatiembassyintaiwanroc/general-information>



Map of South Tarawa, Dyer, 1993.



# Connections between gender equity and SRHR in Kiribati

- **Study by DAWN** (Development Alternatives for Women) – Pacific Women Feminists:
  - While **diverse cultural** and **religious practices** exist across the Pacific region which are constantly evolving, it is safe to say that generally these practices **do not promote** the **realisation of SRHR for women**(1)
- **Equitable gender norms** are linked to women's **increased access** to modern contraception (2)
- **Greater household decision-making** increases likelihood of **modern contraception usage**

(1) Chetty & Faleatua, 2015.

(2) Kiribati Demographic and Health Survey, 2009.

# Vasectomy – the situation in Kiribati

- **Prevalence rate** of vasectomy globally is only **3%**
- Uptake of **female sterilisation** (tubal ligation) is **highest** in the **Global South**
- Kiribati reflects these trends
  - Only **40% of married men** were using a male method in 2009
  - KFHA performed about **6 vasectomy per year** between **2011 and 2013**
  - In **2016** this jumped to **14 procedures**
  - **Men** who have a **vasectomy** in Kiribati **challenge normative behaviour**

# Research methodology

- **Qualitative case study**
- **15 in-depth interviews - five couples** (as couples and individually)
- **2 same-sex focus group discussions**
- **6 key informant interviews** with service providers and community leaders
- **Data triangulated** with other studies
- **Feminist** theory and principles for **indigenous research methodologies**



# Findings



[http://yourbrotheryour sister.com/dt\\_gallery/kiribati/](http://yourbrotheryour sister.com/dt_gallery/kiribati/)

# Vasectomy as a consequence

- Some I-Kiribati men challenge **gender normative behaviour**
- Vasectomy - a **consequence and cause** of more **equitable gender relations**
- Participants reported **equitable household decision-making**
- **Wives** played a **key role** in vasectomy decision-making
- **Husbands' concern** for **wife's health** was a key motivating factor
- Notion that **family planning** is '**women's business**' appears quite **entrenched**

# Vasectomy as a cause

- **Vasectomy** was viewed as a **positive catalyst for change**
- Increased **health, well-being** and **reduced pressure** on limited resources
- Perceived **benefits** for **women**:
  - Able to **actively participate** in **women's group**
  - Increased opportunities to **earn an income**
  - Opportunity for **career development**
  - **Reduced childcare** and **household duties** and increased support from husband
  - **Improved sex**
- **Vasectomy** is arguably **empowering** for women

# Complex connections between vasectomy and gender equality

- Vasectomy also seen as an **enabler of infidelity**
- Vasectomy used as a **form of power** – ‘to catch the wife out’
- Vasectomy **frees women** from ‘reproduction’ in the **biological sense only**
- **‘Free-time’** can result in more **reproductive, productive and community** responsibilities
- **Vasectomy**, in and of itself **unlikely to change** deeply-embedded **inequitable practices**

# Research implications



[http://yourbrotheryour sister.com/dt\\_gallery/kiribati/](http://yourbrotheryour sister.com/dt_gallery/kiribati/)

# Academic contribution

- Increasing amount of research that addresses **gender equality** and **engaging men and boys** internationally, this is the **first study of its kind** to be conducted in **Kiribati**
- Increasing recognition of the **relational aspect of gender** in **development studies**, but **limited research** focuses on **couple participants** and addresses **male contraceptive methods**
- Globally there are **few studies on vasectomy and development**, particularly from a **gender perspective**
- Contributes to the **international literature** that **critiques** the **absence of men in gender and development research, policy and practice**
- and literature that calls for **more nuanced understandings of power within intimate gender relations**

# General implications

- **Gender norms evolve** even against embedded cultural and religious beliefs and practices
- **Essentialist framings of**
  - **gender, gender roles, gender relations,**
  - **sexualities**
  - **masculinities and femininities**

can result in **oversimplified development solutions** to tackle gender inequality

- Such as programmes that target women only, but do not address structural inequalities



<https://www.rutgers.international/>

# Gender and development in practice: recommendations

- Acknowledge **populations are diverse** and **evolving**
- Question **dominant narratives** – **women** as ‘**victims**’, **without agency**, **men** as ‘**aggressors**’
- Tackling gender inequality requires a **complex understanding of gender relations** and how **power** operates **within relationships**
- Consider how gender operates within relations, rather than just focusing on **women’s experiences in isolation**
- Consider how **other inequalities** intercept with **gender**

# References

- Australian Aid. (2017). *Pacific Women Shaping Pacific Development*. Retrieved from <https://pacificwomen.org/our-work/locations/kiribati/>
- Chetty, T., & Faleatua, R. (2015). *Keeping it under the mat: The struggle for sexual and reproductive rights in the Pacific Island region*. Retrieved from [http://www.dawnnet.org/feminist-resources/sites/default/files/articles/20160131\\_RATS\\_Book\\_TOC\\_bookmarks.pdf](http://www.dawnnet.org/feminist-resources/sites/default/files/articles/20160131_RATS_Book_TOC_bookmarks.pdf)
- Drysdale, R. (2015). *A study in increasing vasectomy uptake: Understanding acceptability of vasectomy uptake amongst men in three regions of Papua New Guinea*. Retrieved from <https://www.k4health.org/resources/study-increasing-vasectomy-uptake-understanding-acceptability-vasectomy-uptake-amongst-men>
- Dyer, A. (1993). Map of South Tarawa. In H. Van Trease (Ed.), *Atoll politics: the Republic of Kiribati* (p. 126). Christchurch, New Zealand; Fiji: Macmillan Brown Centre for Pacific Studies, University of Canterbury and Institute of Pacific Studies, University of the South Pacific. Copyright (1993) by Macmillan Brown Centre for Pacific Studies and Institute of Pacific Studies. Reprinted with Permission.
- Jacobstein, R. (2015). *With gender equity comes vasectomy, and vice versa*. Retrieved from <https://www.devex.com/news/with-gender-equity-comes-vasectomy-and-vice-versa-86878>
- Kabagenyi, A., Jennings, L., Reid, A., Nalwadda, G., Ntozi, J., & Atuyambe, L. (2014). Barriers to male involvement in contraceptive uptake and reproductive health services: a qualitative study of men and women's perceptions in two rural districts in Uganda. *Reproductive Health*, 11(1), 1. <https://doi.org/10.1186/1742-4755-11-21>
- Kiribati National Statistics Office., Secretariat of the Pacific Community & Macro International Inc. (2010). *Kiribati Demographic and Health Survey 2009*. Retrieved from <http://prism.spc.int/reports/surveys>
- MacDonald, L., Jones, L., Thomas, P., Thi Thu, L., FitzGerald, S., & Efroymsen, D. (2013). Promoting male involvement in family planning in Vietnam and India: HealthBridge experience. *Gender & Development*, 21(1), 31-45. <https://doi.org/10.1080/13552074.2013.767498>

# References

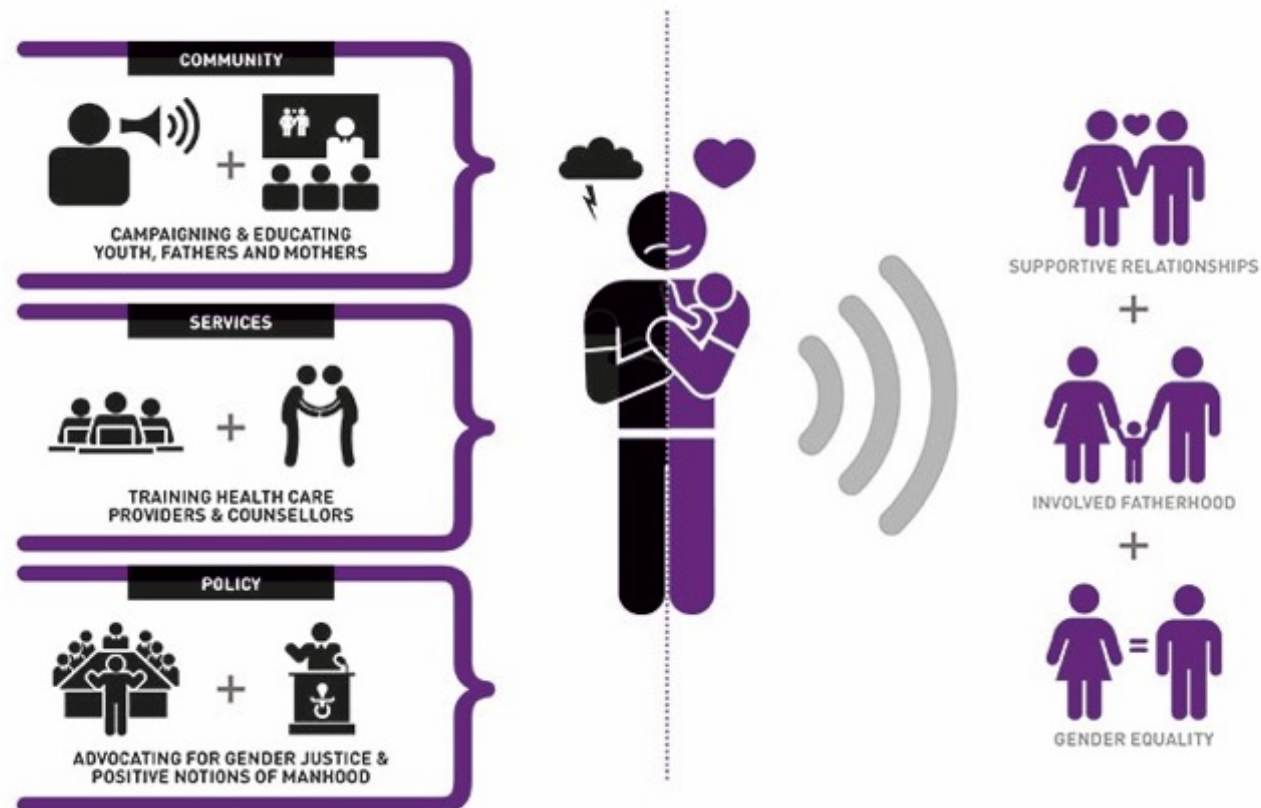
- Onyango, M. A., Owoko, S., & Oguttu, M. (2010). Factors that influence male involvement in sexual and reproductive health in Western Kenya: a qualitative study. *African journal of reproductive health*, 14(4). Retrieved from <http://www.jstor.org/stable/41329752>
- Pulerwitz, J., & Barker, G. (2008). Measuring attitudes toward gender norms among young men in Brazil development and psychometric evaluation of the GEM scale. *Men and Masculinities*, 10(3), 322-338. <https://doi.org/10.1177/1097184X06298778>
- Secretariat of the Pacific Community. (2010). *Kiribati Family Health and Support Study: A study on violence against women and children*. Retrieved from Noumea, New Caledonia: <http://countryoffice.unfpa.org/pacific/drive/KiribatiFamilyHealthandSafetyStudy.pdf>
- Sharan, Mona & Ahmed, Saifuddin & May, John & Soucat, Agnes. (2011). *Family Planning Trends in Sub-Saharan Africa: Progress, Prospects, and Lessons Learned. Success Stories from A Dynamic Continent*. Retrieved from [https://www.researchgate.net/profile/Saifuddin\\_Ahmed4/publication/265076721\\_Family\\_Planning\\_Trends\\_in\\_SubSaharan\\_Africa\\_Progress\\_Prospects\\_and\\_Lessons\\_Learned/](https://www.researchgate.net/profile/Saifuddin_Ahmed4/publication/265076721_Family_Planning_Trends_in_SubSaharan_Africa_Progress_Prospects_and_Lessons_Learned/)
- Walcott, M. M., Ehiri, J., Kempf, M. C., Funkhouser, E., Bakhoya, M., Aung, M., . . . Jolly, P. E. (2014). Gender norms and family planning practices among men in Western Jamaica. *American journal of men's health*. <https://doi.org/10.1177/1557988314543792>

# Te Mauri, Te Raoi ao Te Tabomoa



Men **Care** +

ENGAGING MEN FOR GENDER EQUALITY AND SRHR



# Questions

Alexandra Hill

[alex.e.hill@vuw.ac.nz](mailto:alex.e.hill@vuw.ac.nz)

Amota Tebao

[Amota.tebao@gmail.com](mailto:Amota.tebao@gmail.com)